

## Expenditure Itemization Summary

**Grantee's Name:**

**Grantee's Grant Number:**

**For Expenses Incurred Between:**

**Permanent Collection Facility (Expand rows and columns as needed)**

Vendor and Expense Description	Invoice Date	Invoice Number	Quantity	Dollar Amount
				\$
				\$
<b>Subtotal</b>				<b>\$0.00</b>

**Temporary or Mobile Collection (Expand rows and columns as needed)**

Vendor and Expense Description	Invoice Date	Invoice Number	Quantity	Dollar Amount
				\$
				\$
<b>Subtotal</b>				<b>\$0.00</b>

**Residential Collection (Expand rows and columns as needed)**

Vendor and Expense Description	Invoice Date	Invoice Number	Quantity	Dollar Amount
				\$
				\$
<b>Subtotal</b>				<b>\$0.00</b>

**Publicity and Education\* (Expand rows and columns as needed)**

Vendor and Expense Description	Invoice Date	Invoice Number	Quantity	Dollar Amount
				\$
				\$
<b>Subtotal</b>				<b>\$0.00</b>

**Personnel/Other (Expand rows and columns as needed)**

Position Title and Duties	Hours	Rates with Benefits	Staff's Names	Dollar Amount
				\$
				\$
<b>Travel Expense Description</b>				
				\$
				\$
<b>Other-Please Describe</b>				
				\$

				\$
<b>Subtotal</b>				<b>\$0.00</b>

**Stormwater Mitigation (Expand rows and columns as needed)**

<b>Vendor and Expense Description</b>	<b>Invoice Date</b>	<b>Invoice Number</b>	<b>Quantity</b>	<b>Dollar Amount</b>
				\$
				\$
<b>Subtotal</b>				<b>\$0.00</b>

**EXPENDITURE ITEMIZATION GRANT TOT**

<b>\$0.00</b>
---------------

**Interest Posted for period:**

<b>(+\$ )</b>
---------------

**\*Two (2) copies or photographs of products are enclosed with this report**

**CERTIFICATION**

**I certify that the above information is correct and that all funds received have been expended in accordance with the Used Oil Recycling Block Grant – Fiscal Year 2002/2003 Agreement.**

\_\_\_\_\_  
Signature of Person Authorized by Resolution

\_\_\_\_\_  
Date Signed